

Takeout Food Invoice

Invoice #: _____
Date: ____ / ____ / ____

Restaurant Name

Address Line 1
Address Line 2
Phone: _____
Email: _____

Customer Name

Phone: _____
Pickup/Delivery Time: _____

Item	Qty	Unit Price	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal	_____
Tax	_____
Delivery Fee	_____
Total	_____

Thank you for your order!